



Additional Resources

To learn more about the Behavioral Risk Factor Surveillance System (BRFSS) or to review survey results, please contact the state BRFSS Coordinator or Director. Visit the following web sites where publications and reports based upon BRFSS data are available.

MT Behavioral Risk Factor Surveillance System
www.brfss.state.mt.us

MT Department of Public Health and Human Services
www.dphhs.state.mt.us/hpsd/BRFSS/brfss-index.htm

Centers for Disease Control and Prevention
BRFSS site
www.cdc.gov/brfss

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Turning Information Into Health





BRFSS – What Is It?

The **Behavioral Risk Factor Surveillance System (BRFSS)** is the primary source of state-based information on health risk behaviors among adult populations.

For over 20 years, the Behavioral Risk Factor Surveillance System (BRFSS) has gathered information from U.S. adults about a wide range of behaviors that affect their health. The primary focus of these surveys has been on behaviors that are linked with the leading causes of death—heart disease, cancer, stroke, diabetes, and injury—and other important health issues.

The information collected is used to improve health care for citizens on a national and state-wide basis. More specifically, BRFSS data are used:

- To determine priority health issues and develop strategic plans.
- To monitor the effectiveness of intervention measures.
- To examine the achievement of prevention program goals.
- To support appropriate public health policy.
- To educate the public, the health community, and policy makers about disease prevention through the creation of reports, fact sheets, press releases, and other publications.

BRFSS is about people and how to improve and maintain their health. In order to accomplish that goal, valid and reliable data are needed by policy-makers, legislators, researchers, professional organizations, and community-based organizations to create policies, target prevention activities, and establish programs to assist persons in developing healthier lifestyles.

Optional Modules

CDC modules are sets of questions on specific topics (e.g., smokeless tobacco) that states elect to use on their questionnaires. Although the modules are optional, CDC standards require that, if the modules are used, they must be used without modification if they are to be analyzed and compared to the nation. Module topics have included survey items on smokeless tobacco, oral health, cardiovascular disease, firearms, and other topics. If optional modules are altered, they are considered state-added questions.

State Added Questions

Requests for inclusion of additional data items, whether state-added questions or CDC-supported modules, are reviewed and acted on by the state BRFSS Coordinator in consultation with the state BRFSS Working Group and other entities as needed.

There are a number of criteria to be met in order to have questions added to the state section of the BRFSS survey. A written proposal must be submitted to the state BRFSS Coordinator typically in July of the year preceding the survey. Decisions regarding which questions or modules will be included in the survey will be made shortly thereafter by members of the state BRFSS Working Group. Final decisions are at the BRFSS Coordinator and BRFSS Director's discretion based upon survey integrity.

If your agency or organization is interested in adding a question (or questions) to the BRFSS survey, contact the state BRFSS Coordinator to receive the criteria and procedures for submitting your proposal.



How is BRFSS Information Used in Montana?

The following list highlights the wide variety of ways in which BRFSS data have been utilized since Montana began survey participation in 1984. The information was used to help:

- Evaluate access to health care for Montana's citizens.
- Assist Fish, Wildlife & Parks and Cardiovascular Health Program in identifying outdoor recreation use to help plan state-wide programs in parks and outdoor recreation.
- Develop the Montana Diabetes Control Plan and assess immunization rates among respondents with diabetes as well as diabetes prevalence rates in Native Americans.
- Perform a dental needs assessment and present health awareness activities to the public.
- Create a worksite wellness project on heart attack signs and symptoms.
- Identify smokers, smokeless tobacco users, and other tobacco users in order to evaluate trends in tobacco use and develop intervention strategies.
- Monitor public attitudes towards traffic safety issues and evaluate the efficacy of public education programs.
- Develop and establish priorities for a Cardiovascular Disease Prevention and Control Plan for Montana.
- Track environmental health factors and provide data for an in-depth asthma study.
- Establish a long-term plan to promote the health of adult Montanans with mobility impairments and developmental disabilities.
- Assist in the development of intervention strategies for HIV prevention among Native Americans.
- Develop the Montana Health Agenda and State Nutrition Plan.
- Identify the use of mammography and Pap tests by women without insurance to develop outreach campaigns.



Where Does BRFSS Information Come From?

The BRFSS is a unique, state-based surveillance system active in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. The BRFSS is the largest continuously conducted telephone health survey in the world. BRFSS interviewers ask questions related to behaviors that are associated with preventable chronic diseases, injuries, and infectious diseases.

Every month, states select a random sample of persons age 18 and older for a telephone interview. This selection process results in a representative sample for each state so that statistical inferences can be made from the information collected and interventions can be directed to people at greatest risk.

The BRFSS questionnaire goes through rigorous testing before its use. Federal agencies submit proposals to the Behavioral Sciences Branch (BSB) of the Centers for Disease Control and Prevention with a clear rationale for the purpose of including questions in the core or optional module categories.

A national questionnaire review committee composed of a subgroup of state BRFSS coordinators reviews the proposals and makes recommendations to the submitting agencies for changes prior to the annual BRFSS conference where the final questionnaire changes are considered by all BRFSS coordinators and BSB staff.

The Centers for Disease Control and Prevention edits and processes data from each state's monthly interviews and then returns the weighted data set, selected prevalence information, and data quality reports to all states for their use at the end of the survey year. Further analysis is conducted by the state BRFSS Coordinator for annual publications, data requests, and various program needs throughout state government and other agencies.



How is the BRFSS Information Collected?

As noted earlier, the BRFSS is the largest continuously conducted telephone health survey in the world with interviewers asking questions about behaviors associated with preventable chronic diseases, injuries, and infectious diseases.

The questionnaire has three parts: (1) the **Core** component, (2) **Optional** modules, and (3) **State-added** questions. All health departments must ask the core component questions without modification in wording, however, the optional modules can be modified. Core sections are the only ones supported financially by CDC. Optional modules or state-added questions are included on the questionnaire at a cost determined by the BRFSS Coordinator and Director and paid for by the requestor.

Core Components

Fixed Core: The fixed core is a standard set of questions asked by all states. It includes queries about current behaviors that affect health (e.g., tobacco use, women's health) and questions on demographic characteristics.

Rotating Core: The Rotating Core is made up of two distinct sets of questions, each asked in alternating years by all states, addressing different topics. In the years that rotating topics are not used in the core, they are supported as optional modules.

Emerging Core: The emerging core is a set of up to five questions that are added to the fixed and rotating cores. Emerging core questions typically focus on issues of a "late breaking" nature and do not necessarily receive the same scrutiny that other questions receive before being added to the instrument. These questions are part of the core for one year and are evaluated during or soon after the year concludes to determine their potential value in future surveys.



Why is BRFSS Important?

Scientific research clearly shows personal health behaviors play a major role in premature morbidity and mortality. According to the Journal of the American Medical Association, the leading causes of all deaths in the United States are linked to behaviors that can be changed (Source: Ali H. Mokdad, et al. *Actual Causes of Death in the United States, 2000*. JAMA 2004;291:1238-1245).

In the early 1980's, national estimates of health risk behaviors among U.S. adult populations had been periodically obtained through surveys conducted by the National Center for Health Statistics (NCHS); however, these data were not available on a state-specific basis nor were the data gathered in a systematic manner.

State health agencies with the primary responsibility to reduce behavioral risks and their consequent illnesses viewed this lack of state-specific data as critical. The Centers for Disease Control and Prevention (CDC) concurred and recognized that state and local agency participation was necessary to achieve national health goals.

Thus, the BRFSS surveys were developed and conducted to monitor state-level prevalence of the major behavioral risks associated with premature morbidity and mortality. The CDC collaborated with individual states to develop the BRFSS survey questions which were designed to gather data from adults about their self-reported health and health-risk behaviors.

In sum, information regarding behaviors and activities associated with life-impacting activities is vital in order to ensure a safe and healthy populace.